

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/501772** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52		(1)				
3		1		1			53						
4		3		3			54						
5		(1)		1			55						
6		(1)		1			56						
7		(1)		1			57						
8		(1)		1			58						
9		(1)		1			59						
10		(1)		1			60						
11		(1)		1			61						
12		(1)		1			62						
13		(1)		1			63						
14		(1)		1			64						
15		(1)		1			65						
16		(1)		1			66						
17	1						67						
18		1					68						
19		1					69						
20		1					70						
21		4					71						
22		4					72						
23		4					73						
24		(1)					74						
25		(1)					75						
26		(1)					76						
27	1						77						
28		1					78						
29		2					79						
30		2					80						
31		(1)					81						
32		(1)					82						
33		(1)					83						
34		(1)					84						
35		(1)					85						
36	1						86						
37		1					87						
38		(1)					88						
39		(1)					89						
40		(1)					90						
41		(1)					91						
42		(1)					92						
43	1		1				93						
44		1		1			94						
45		1		1			95						
46		2		2			96						
47		2		2			97						
48		(1)					98						
49		(1)					99						
50		(1)					100						
TOTAL IND.							TOTAL IND.	5					
TOTAL DEP.							TOTAL DEP.	61					
TOTAL CLAIMS							TOTAL CLAIMS	66					